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PTO/SB/50 (02-01)  
Approved for use through 01/31/2004. OMB 0651-0055  
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## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  Assistant Commissioner for Patents Box Reissue Washington, DC 20231	<b>Attorney Docket No.</b>	TS97-306
	<b>First Named Inventor</b>	JANG
	<b>Original Patent Number</b>	6019906
	<b>Original Patent Issue Date (Month/Day/Year)</b>	2/1/00
	<b>Express Mail Label No.</b>	EV02763434705
<b>APPLICATION FOR REISSUE OF:</b> <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent (Check applicable box)		
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		
<b>ACCOMPANYING APPLICATION PARTS</b>		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		
6. <input checked="" type="checkbox"/> Power of Attorney		
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)		
a. <input type="checkbox"/> Computer Readable Form (CFR)		
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		
10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).		
11. <input type="checkbox"/> Original U.S. Patent for surrender		
<input type="checkbox"/> Ribbioned Original Patent Grant		
<input type="checkbox"/> Statement of Loss (PTO/SB/55)		
12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
15. <input checked="" type="checkbox"/> Preliminary Amendment		
16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
17. Other: .....		
18. CORRESPONDENCE ADDRESS		
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<b>NAME</b> (Print Type)	Stephen B. Ackerman	<b>Registration No. (Attorney/Agent)</b>	37,761
<b>Signature</b>	[Signature]	<b>Date</b>	2/1/02

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### EXPRESS MAIL CERTIFICATE

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I Hereby Certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: The Commissioner of Patents and Trademarks, Washington, DC 20231. Applicant and/or Attorney requests the date of deposit as the Filing Date.

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Date

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J1054 U.S. PTO

PTO/SB/56 (02-01)

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

7597-306

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 16	Total Claims (37 CFR 1.16(j))	(B) 27	**** 7 =	x \$ _____ =		or	x \$ 18 = 126
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	• 0 =	x \$ _____ =			x \$ _____ =
Basic Fee (37 CFR 1.16(h))						\$ 740	\$ 740
Total Filing Fee						\$	OR \$ 866

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee						\$	OR \$	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 19-0033 in the amount of 866.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-0033.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**2/1/02  
Date

Signature of Applicant, Attorney or Agent of Record

Stephen B Ackerman, Reg #37,761  
Typed or printed name